

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND		DEP		IND		DEP		IND		DEP		
	IND	DEP	IND	DEP	IND	DEP		IND	DEP											
	1	1					51					52			53			54		
2							55					56			57			58		
3							59					60			61			62		
4							63					64			65			66		
5							67					68			69			70		
6		2					71					72			73			74		
7		1					75					76			77			78		
8							79					80			81			82		
9							83					84			85			86		
10							87					88			89			90		
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49																				
50																				
TOTAL IND.		3																		
TOTAL DEP.		31																		
TOTAL CLAIMS		35																		

TOTAL IND. _____
TOTAL DEP. _____
TOTAL CLAIMS _____